

## **PROTECTING OUR CHILDREN: How organizations that serve children can help prevent and respond to child sexual abuse**

Sexual abuse of children is a major public safety and public health crisis in North Carolina and around the country. Approximately one in ten children will be sexually abused before they turn 18.<sup>1</sup> The Centers for Disease Control and Prevention (“CDC”) defines child sexual abuse as “any sexual activity with a child where consent is not or cannot be given. This includes sexual contact that is accomplished by force or threat of force, regardless of the age of the participants, and all sexual contact between an adult and a child, regardless of whether there is deception or the child understands the sexual nature of the activity. Sexual contact between children can also be abusive, particularly if there is a significant disparity in age, development, or size between the children. The sexually abusive acts may include sexual penetration, sexual touching, or non-contact sexual acts such as exposure or voyeurism.”<sup>2</sup> North Carolina criminal statutes exist to protect children from child sex abuse and allow for prosecution of their abusers.<sup>3</sup>

Childhood sexual abuse is not only a traumatic experience for the child, but also one of many adverse childhood experiences (“ACEs”) that lead to long-term health consequences.<sup>4</sup> Due to childhood sexual abuse’s lifelong implications, it

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<sup>1</sup> Catherine Townsend & Alyssa Rheingold, *Estimating a child sexual abuse prevalence rate for practitioners: A review of child sexual abuse prevalence studies* (Darkness to Light 2013), <https://www.d2l.org/wp-content/uploads/2017/02/PREVALENCE-RATE-WHITE-PAPER-D2L.pdf>.

<sup>2</sup> See Janet Saul & Natalie C. Audage, *Preventing Child Sexual Abuse Within Youth-serving Organizations: Getting Started on Policies and Procedures* (Centers for Disease Control and Prevention, National Center for Injury Prevention and Control 2007), <https://www.cdc.gov/violenceprevention/pdf/PreventingChildSexualAbuse-a.pdf> (hereinafter “CDC Guidelines”). Abuse can also include inappropriate electronic interactions such as sending sexual messages to a child. For more information about defining child sexual abuse, Prevent Child Abuse NC has helpful resources available at <https://www.preventchildabusenc.org/services/blog-new/2-uncategorised/155-what-is-child-sexual-abuse>.

<sup>3</sup> See a listing of relevant crimes at N.C.G.S. § 7B-101(d).

<sup>4</sup> The adverse childhood experiences study, first started in 1995, identifies the number of experiences an individual has had between birth and 17 and correlates those experiences to

is critical that we respond to it in a manner that is child-focused, coordinated, and systematically addresses trauma. There are [many](#)<sup>5</sup> [important](#)<sup>6</sup> [considerations](#)<sup>7</sup> in preventing and responding to childhood sexual abuse. Institutions that work with children, however, have a special responsibility to keep the children under their care safe and should make particular efforts to ensure that their operations support this goal. For these organizations, we recommend the following child sexual abuse prevention best practices, while recognizing that the implementation of these practices will vary based on the circumstances of individual organizations:<sup>8</sup>

1. Create and implement a policy and plan to prevent and respond to sexual abuse of children, including a clear reporting process.
2. Provide survivor-centered response.
3. Learn about the training and educational resources available in your community and incorporate these resources into your organizational plan.

The discussion of these best practices within is designed to be an overview to assist youth-serving organizations in protecting children. For entities seeking

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lifelong health implications. ACEs are common, with 40% of study participants reporting two or more and 12.5% reporting four or more ACEs. The study also concluded that 21% of respondents had childhood sexual abuse as an ACE. ACEs are broadly linked to social/emotional/cognitive impairment, adoption of health-risk behaviors, disease/disability/social problems, as well as early death. Each ACE score has been found to increase the rate of behavior that results in poor outcomes. Vincent J. Felitti, et al., *Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults*, 14 American Journal of Preventive Medicine (Issue 4) 245 (1998).

<sup>5</sup> <http://www.nationalcac.org/wp-content/uploads/2016/08/Prevention-Flyer-2015-with-references.pdf>.

<sup>6</sup> <https://www.ncdoj.gov/Top-Issues/Internet-Safety.aspx>.

<sup>7</sup> <https://www.d2l.org/wp-content/uploads/2017/01/5-Steps-to-Protecting-Our-Kids-2017.pdf>

<sup>8</sup> The United States Centers for Disease Control has issued a comprehensive best practices guide, which provides additional details about the national response. See CDC Guidelines. The CDC's recommendations are incorporated in these three recommendations for North Carolina.

to implement these best practices, much more detailed implementation assistance is available.<sup>9</sup>

**Best practice #1: Create and implement a policy and plan to prevent and respond to the sexual abuse of children.**

All institutions that work with children should have a policy and plan that describes how they intend to protect the children under their care. A well-written policy and plan establishes a set of procedures that guide the organization's commitment to 1) preventing child sex abuse<sup>10</sup> and 2) responding to reports of abuse.

Protecting kids starts at the top. It is vital for leadership and staff at all levels to commit to making sure that children's safety is a top priority for the organization. Any policy and plan should be highlighted by the organization's leadership and shared with parents, guardians, and where appropriate, youth. We recommend including these policies on each agency's website to promote maximum transparency.

**Components of a strong child sexual abuse prevention policy & plan:**

**a. Written policy that defines acceptable behavior**

An organization's plan should start with a written policy. Clear policies set the stage for safe environments. They establish standards within an organization, guide employee and volunteer conduct, and facilitate the identification of high-risk interactions and program features. A policy should include boundaries as they relate to physical interactions, verbal interactions, outside contact, electronic communication, one-on-one interactions, and gift giving.<sup>11</sup> A policy should also include information about the prohibition of mistreatment of one youth by another youth, including youth-to-youth sexual activity and bullying. An organization's policy should have clear guidelines for

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<sup>9</sup> See, for example, Praesidium (<https://website.praesidiuminc.com/wp/>).

<sup>10</sup> Although we reference child sexual abuse, much of the discussion within this document also applies to other types of child abuse.

<sup>11</sup> The above mentioned standards should be designed to minimize the privacy of one-on-one interactions while maintaining the mission of the program.

how it will respond to an allegation of abuse, including specific details regarding treatment of the child and the accused party and support of investigation best practices, as discussed more fully below in Best Practice #2. Finally, a policy should be supplemented by an organization's Code of Conduct, which employees should be required to sign and date prior to performing work duties and annually thereafter.

**b. Screening and verification of all volunteers and employees**

The first thing an organization can do to keep youth safe is to carefully screen everyone who has access to children. Abusers must have access to your youth before they can offend, so organizations should do everything possible to avoid giving access to someone who should not be in a position of trust. While criminal background checks are necessary, many abusers have no criminal record or sex crime history.<sup>12</sup> As a result, a comprehensive screening and selection process allows organizations to systematically discover and consider everything they can about applicants and current employees and volunteers.

When hiring and considering new volunteers, organizations should use written applications that include questions on criminal convictions, past work history, and education. Organizations should also hold consistent in-person interviews with at least two separate staff members present. Take advantage of third-party agency background checks and screening tools. In addition to full criminal background checks, comprehensive screening procedures include sex offender registry checks and Social Security address checks. The Social Security address check is particularly important to verify the accuracy of the information provided in the application and to identify jurisdictions that should be checked for a criminal history. Applicants who are returning staff should be comprehensively screened again if they have been away from the organization for more than 90 days. Always check references; a minimum of three references should be required for all prospective staff with one reference being a close family member to the applicant. Organizations' application processes may be different depending on whether the person is an employee or volunteer, but all people who will have access to children should be subject to the same screening procedures.

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<sup>12</sup> The Joyful Child Foundation, *Be Brave, Be Safe: A Parents' Guide to Prevention*, <https://www.thejoyfulchild.org/info/TJCF-BeBraveGuidebook.pdf> (citing U.S. Bureau of Justice Statistics data).

When a criminal background check reveals a conviction, organizations must have standardized procedures to determine if the candidate is ineligible for hire. An individual with a history of violence, crimes against people, or sexual offenses may be too high risk to entrust with the care of young people. Standardized procedures ensure that the same criteria are applied across all applicants when making screening and selection decisions.

Likewise, organizations should implement consistent screening procedures that will detect when people convicted of a violent crime are already working in an organization, either as employees or volunteers. Institutions should also develop a strategy for dealing with people it learns have been convicted of violent crime who may come into contact with children in the care of the organization. It is important to know the laws as they relate to individuals who have been convicted of certain crimes and when to contact law enforcement. If criminal background checks reveal a risk to children, the best practice is to remove that person from an organization, to the extent allowed by law. If a person cannot be removed, develop clear protocols to protect the people within the organization, such as assigning an individual to accompany and monitor the individual at all times and limiting the individual's access to locations where children commonly congregate, and preventing, to the extent possible, all unsupervised contact with children.

### **c. Training**

All organizations serving children should train their staff and volunteers to be responsible caregivers of children, including foundational knowledge that everyone within an organization needs to know. These topics include:

- How adult abusers operate and how to identify red flag behaviors,
- How to recognize and manage high-risk activities and areas,
- How to prevent false allegations,
- How to recognize and prevent youth-to-youth abuse,
- How to recognize signs of abuse in victims,
- How to report concerns and suspicions that don't rise to the level of abuse,
- What to do if you suspect abuse or abuse is disclosed, and
- What the child abuse laws are, including mandatory reporting.

Additional topics could be included when training other individuals depending on their role within the organization. Training should occur before granting

access to youth, including new-hire/new-volunteer training, as well as annual refresher training for all existing employees and volunteers. Recurring trainings also help organizations improve practices based on new strategies and new expert recommendations. Organizations should also consider, with parent-guardian approval, educating youth using age-appropriate child sex abuse information so that they are empowered to protect themselves from abuse. Training parents and other adults in the community can also be useful. Training resources in North Carolina include [Darkness to Light](#),<sup>13</sup> which offers group in-person training and individual online training called “Stewards of Children,” and [Prevent Child Abuse NC](#),<sup>14</sup> which offers workshops, trainings, and webinars, including the course “Recognizing and Responding to Suspicions of Child Maltreatment,” (“R&R course”) which is [available](#)<sup>15</sup> for free to North Carolina residents through support from the North Carolina Division of Social Services (“DSS”).

#### **d. Establishing day-to-day procedures that protect children**

Organizations should establish procedures that protect children and set standards for interactions between people:

- There should be clearly defined check-in and check-out procedures to create a “fence” around the children, allowing them to reside safely in the care of the organization until they are returned to their parents.
- Consider internal security cameras. Many organizations have security cameras in place to protect against outside threats, but they lack any internal cameras focused on areas inside the building where children are present. Identify out-of-the-way or isolated locations. Internal security cameras can also serve as a deterrent.
- It is helpful to designate areas where children are present and allow only authorized personnel to have access to those areas.
- Establish a policy of an adult buddy system so that a single adult is never alone with a child. This can also be helpful in

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<sup>13</sup> <https://www.d2l.org/education/stewards-of-children/>.

<sup>14</sup> <https://www.preventchildabusenc.org/services/trainings-and-professional-development>.

<sup>15</sup> <https://www.preventchildabusenc.org/services/trainings-and-professional-development/rrcourse>.

managing the risk of one employee or volunteer being alone with a single youth, for example in mentoring programs. In such programs, organizations should add other layers of protection such as requiring meetings to be in public spaces or within line-of-sight/sound of other staff members, completing unscheduled drop in audits on one-on-one activities, or providing extra staff screening and parental education.

- Monitor high-risk activities, including establishing methods to supervise bathroom activities, locker rooms, transition and “free” times, transportation activities, off-site activities, overnight activities, play grounds, and programming that may have youth groups of mixed ages.
- Have a process in place for monitoring behavior and making sure the organization’s environment is safe, including mandating appropriate or legally required supervision ratios.

### **Best practice #2: Provide survivor-centered response.**

The second best practice flows from the first and should be an integral part of any child abuse prevention policy and plan: provide trauma-informed care for victims, avoid doing additional harm, follow the organization’s process for reporting abuse, and support investigative best practices.

#### **a. What to do if a child discloses abuse to you**<sup>16</sup>

Children who are disclosing abuse or neglect may display a variety of emotions. They might feel scared, fearful, untrusting, angry, or guilty. They may also be struggling to understand their situation. A caregiver’s responsibility is to set aside emotions, remain calm and in control of her/his responses and actions, and focus on the child’s care and emotional, physical, and mental health. Children are perceptive, and if they feel like they aren’t being heard or believed, they will shut down and stop sharing information. The recipient of the information should reassure the child that she/he will work to help keep them safe.

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<sup>16</sup> Access more tips about what to do and not do if a child discloses abuse from Kids First, Inc., <https://www.kidsfirstinc.org/what-to-do-if-a-child-discloses-abuse-or-neglect-to-you/>.



- Stay calm. Do not allow your emotions to disrupt your duties to the child.
- Listen carefully to the information the child is sharing. Do not push them for details or ask investigatory or direct questions about the abuse. Leave this to individuals who are trained to investigate these incidents, as discussed in Best practice #1 and Best practice #3, and make sure you do not do anything to jeopardize the investigative process.
- Assure the child that you believe them and that you do not hold them responsible or blame them. Do not make promises, such as saying that the abuser will be held accountable or that you will not discuss what they shared with anyone else. These are not promises you can keep, and breaking them may cause a child to lose trust. Instead, based on the child's age, you can share more about the process of reporting and how you will support them.
- Share what the child has told you with others, such as supervisors or leadership, who need to know as per your organization's policy, but be discrete and do not have discussions about it with people who are not directly involved.

### **b. Process for Reporting Suspected Abuse**

Policies must include a strong process for internal and external reporting of suspected child sexual abuse.<sup>17</sup>

#### *When and How to Report to DSS*

According to North Carolina law, child abuse done by a parent, guardian, custodian, or caretaker should be reported to DSS.<sup>18</sup> Specifically, the law requires “any person or institution who has cause to suspect that any juvenile is abused (as defined by N.C.G.S. § 7B-101), neglected, or dependent,” to

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<sup>17</sup> To learn more about reporting and who is required to report, see R&R Course, <https://www.preventchildabusenc.org/services/trainings-and-professional-development/rrcourse> and Darkness to Light's Reporting Page, <https://www.d2l.org/get-help/reporting/>.

<sup>18</sup> N.C.G.S. § 7B-101; 7B-301.



“report the case to the director of the department of social services in the county where the juvenile resides or is found.”<sup>19</sup> Failure to do so is a Class 1 misdemeanor.<sup>20</sup>

In crafting your agency’s policy, make contact with your local DSS office and determine the best point of contact for your reporting. Include this information in your policy to make reporting as easy as possible for employees and volunteers. Determine what information your local DSS office needs to take a report and ensure that this information is provided to staff.<sup>21</sup>

### *When and how to report to law enforcement*

In North Carolina, the General Statutes do not mandate the reporting of abuse to DSS in all situations. N.C.G.S. § 7B-101, discussed above, does not require reporting of juveniles abused in a non-residential setting, such as by coaches, teachers, and community group leaders or individuals with limited and temporary responsibility for children.<sup>22</sup> Nonetheless, *all child abuse is criminal*. Best practices dictate that the abuse of any child should be immediately reported to law enforcement, especially when reporting to DSS is not mandated. To codify this best practice, Attorney General Stein is seeking to add a provision to the General Statutes requiring any person or institution who suspects a juvenile is a victim of a crime to report it to local law enforcement. Failure to comply would be a Class 1 misdemeanor.

When a child is in immediate danger or there are still visible signs of injury or recent abuse, agencies should immediately contact law enforcement so that law enforcement can ensure the safety of the child and preserve the evidence necessary for prosecution of the abuser. This will likely include

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<sup>19</sup> N.C.G.S. § 7B-101.

<sup>20</sup> *Id.* at (b).

<sup>21</sup> For more discussion of process within DSS, *see* Kristin O’Connor, Section Chief of DSS Child Welfare Policy and Programs, Presentation at North Carolina Child Fatality Task Force Intentional Death Prevention Committee: Mandatory Reporting of Suspected Child Abuse, Neglect and Dependency (November 14, 2018), [https://www.ncleg.gov/DocumentSites/Committees/NCCFTF/Intentional%20Death%20Prevention/2018-2019/Presentations%20and%20Handouts/Mandatory%20Reporting%20of%20Suspect%20Child%20Abuse%20Neglect%20and%20Dependency\\_OConnor.pdf](https://www.ncleg.gov/DocumentSites/Committees/NCCFTF/Intentional%20Death%20Prevention/2018-2019/Presentations%20and%20Handouts/Mandatory%20Reporting%20of%20Suspect%20Child%20Abuse%20Neglect%20and%20Dependency_OConnor.pdf).

<sup>22</sup> N.C.G.S. § 7B-101 (1).

administering a Child Medical Exam (CME), taking photographs, and the conducting of forensic interviews by a trained law enforcement officer or a Child Advocacy Center (“CAC”) specialist, described more fully below.

Make sure that your agency’s policy is clear about the importance of and requirement to immediately report abuse to law enforcement. When drafting your policy, contact your local law enforcement authorities and determine the best point of contact in each agency. Local law enforcement often works in conjunction with CACs, so it is also a good idea to have that information on hand. Law enforcement officers who are trained to deal with child abuse are available 24 hours a day, seven days a week.

Finally, note that the above discussion of best practices for reporting abuse to DSS and local law enforcement are recommended with the understanding that North Carolina’s current reporting system is decentralized and fractured, with multiple entry points for abuse in each local jurisdiction. This contributes to poor data and poor outcomes in child sexual abuse cases, including cases slipping through the cracks. Private-public partnerships are currently underway to study and improve our reporting system, which would allow North Carolina to have a more accurate picture of child sexual abuse, better prosecute suspected abusers, and facilitate multi-disciplinary response to child sexual abuse.

### *Overcoming Obstacles to Reporting*

Often times, suspicions of abuse are minimized and underreported. There may be resistance to reporting abuse for a variety of reasons, all of which can be overcome by good training for an organization’s employees.<sup>23</sup> Organizations may fear ruining the organization’s reputation or triggering legal liability. Although an organization may be harmed by a report of child sexual abuse, responding appropriately using best practices can help an organization become a leader in protecting children from sexual abuse and, in the process, help restore its reputation. People may be skeptical about whether the abuse happened or have a concern over a false allegation. Organizations should use evidence and statistics in their trainings to negate this skepticism. If an organization can explain predictable, competent processes for responding to

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<sup>23</sup> See discussion in CDC Guidelines.

abuse allegations, it will inspire more confidence in the organization and its commitment to child safety and reduce concerns about false allegations.<sup>24</sup>

**If a minor makes an allegation of abuse, prioritize their safety and health, and the safety and health of all other children in the organization, above any organizational or personal interests or emotions.** Follow laws and best practices for reporting to both DSS and law enforcement.

It bears repeating that training and policies for reporting abuse should also be very explicit about what to do if a child discloses abuse to an adult in the organization. Organizations should minimize barriers to reporting concerns, complaints, or grievances by appropriately and discretely responding to all reports. If employees, volunteers, parents, and youth do not believe their concerns will be treated discretely or that their concerns will be appropriately addressed, they will be less likely to report. Also, organizations should provide an anonymous method for reporting concerns or complaints.

### **c. Supporting Investigation Best Practices**

Organization policies should also speak to internal reporting processes that support investigatory best practices, including to whom staff should report allegations of abuse internally, when to tell the parents, and how to handle media requests. An institution should ensure that all staff and volunteers are aware of who to contact when there is a disclosure or when they suspect a child is being abused. It is critical that the internal processes do not impair the ability of law enforcement to investigate and later prosecute cases.

#### *Forensic interviews*

In the context of child sexual abuse, forensic interviews are important to ensure that the child's perception of the events of abuse are accurately recorded and explored. These forensic interviews should only be conducted by trained professionals to ensure the integrity of the information obtained from the child. All interviews, including those conducted by law enforcement or DSS, should always be completed at a Child Advocacy Center (CAC) as a best practice. When a CAC is not available, then law enforcement or DSS should record the interview. Interviews or statements taken by an agency before a report to law enforcement, DSS, or a CAC may inadvertently affect the validity of the

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<sup>24</sup> Id.

forensic interview. Agencies should ensure that their policies and procedures do not in any way affect the ability of law enforcement to do its job. Best practices dictate that agencies should not interview children before the trained professionals have an opportunity to do so. Of course, employees or volunteers are likely to have conversations with abused child—particularly if the employee or volunteer receives the first notification of abuse. Proper training will prevent those conversations from impeding investigations and subsequent interviews.

In 2017, a joint committee was formed to develop forensic interviewing standards for North Carolina. Those standards were submitted to the General Assembly by the North Carolina Department of Health and Human Services. The standards back up the research findings by stating that best practices are: (1) conducting the interview as soon as possible after case acceptance, (2) including the option of multiple interview sessions, (3) video recording interviews, (4) using professionals for interviews who trained in a nationally-approved model, have received specialized trauma-sensitivity and multi-session interview training, and receive ongoing continuing education as well as peer review, and (5) conducting interviews at a local CAC where available. When a CAC is not available locally, CPS and/or law enforcement should complete (and record) the interview following the same above stated guidelines.

#### *Child medical exam*

Following a forensic interview, CACs and Multi-Disciplinary Teams (“MDTs”) make referrals for a child medical exam. Child medical exam providers are required to be rostered in the state of North Carolina through the Child Medical Exam Program. All providers are trained to complete head-to-toe assessments of children and provide documentation for the investigators. Additionally, CAC medical providers are required by standard to complete ongoing training in regards to child maltreatment and peer review. It is imperative that agencies report abuse in a timely manner so that CMEs may be performed to ensure the preservation of evidence.

#### **d. Reporting and responding to red-flag behaviors that do not rise to the level of abuse**

Because suspicious or inappropriate behaviors and policy violations often precede incidents of abuse, a swift and consistent response can interrupt potential untoward events and help protect youth from abuse and employees and volunteers from false allegations of abuse. For employees and volunteers, this should include interrupting the behavior and reporting the behavior to a supervisor, director, or other authority. Supervisors and administrators should determine the appropriate response based on the report, including speaking with the staff or volunteer who has been reported and documenting the report.

**Best practice #3: Learn about the resources available in your community and the importance of collaborative response, and incorporate these resources into your organizational plan.**

Organizations should regularly work to build a local network of experts and trained professionals in different spheres of childcare. If it becomes necessary to report, you can make a phone call to someone you know rather than an anonymous call to a hotline. Even if it is never necessary to report because no abuse occurs, you will inevitably benefit from their expertise and be able to implement practices that prevent child abuse situations from occurring in the first place. If you do require guidance, however, and do not have the appropriate expert contacts, the below resources can provide support.

*Child Advocacy Centers*

CACs work to provide comprehensive services for child abuse victims, including access to advocacy, forensic interviews, child medical evaluations, and evidence-based mental health treatment.<sup>25</sup> This includes partnering with law enforcement, medical/mental health, government, and advocacy groups through a multi-disciplinary team (MDT). CACs also provide resources to help organizations navigate potential incidents of child abuse and determine the appropriate next steps.

CACs are designed to ensure a better response in cases of child mistreatment and address problems associated with uncoordinated community response by

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<sup>25</sup> CACs are required by standards to provide evidence-based treatment to children and their families regardless of ability to pay. See Child Advocacy Centers of North Carolina website, <https://cacnc.org/nca-standards-for-accreditation/> (citing Standards for Accreditation by the National Children's Alliance),

using MDTs. Coordination ensures the best possible outcomes for children and families who are dealing with incidents of abuse.<sup>26</sup>

To find a CAC in North Carolina, see the Children's Advocacy Centers of North Carolina see [here](#).<sup>27</sup>

### *Child abuse helplines*

The following helplines will give you access to trained professionals who can help provide assistance and resources to guide child abuse cases:

- Darkness to Light's Helpline (local resources): 1-866-FOR-LIGHT
- ChildHelp USA National Child Abuse Hotline: 1-800-4-A-CHILD

### *Local community agencies*

Local nonprofits and service agencies often have trained staff who can assist with suspected child abuse situations, or have the appropriate local contacts to find experts who can help you. Reach out to your local hospitals, social service agencies, and/or rape/domestic violence/sexual assault advocacy organizations.

The North Carolina Coalition Against Sexual Assault has a list of resources [here](#).<sup>28</sup>

### *Local law enforcement*

Contact your local law enforcement or the State Bureau of Investigation. Many law enforcement agencies have specially trained detectives who

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<sup>26</sup> For more information about the benefits of MDTs, see Ted Cross, et al., *Mental Health Professionals in Children's Advocacy centers: Is There Role Conflict?* 21 Journal of Child Sexual Abuse (Issue 1) 91 (2012); Bernie S. Newman, et al., *Child Abuse Investigations: Reasons for using Child Advocacy Centers and Suggestions for Improvement* 22 Child & Adolescent Social Work Journal (Issue 2) 165 (2005).

<sup>27</sup> <https://cacnc.org/centers/>.

<sup>28</sup> <http://www.nccasa.org/cms/need-help/nc-rape-crisis-centers>.

conduct child abuse investigations. Your local agency can provide you with the best contact information for those specialty units/detectives.

### *Child Protective Services*

Find your local Department of Social Services at the [NC Department of Health and Human Services](#).<sup>29</sup>

*These best practices were adapted from recommendations from various sources, including the Centers for Disease Control, Child Advocacy Centers of North Carolina, [Praesidium, Kids First, Inc.](#), [Prevent Child Abuse NC](#), and [Darkness to Light](#).*

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<sup>29</sup> <https://www2.ncdhhs.gov/dss/cps/>